

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589717

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5	1		1			
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
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16		1		1		
17	1		1			
18	1		1			
19	1		1			
20		1		1		
21		1		1		
22		1		1		
23	1		1			
24	1		1			
25		2		2		
26				1		
27				1		
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49						
50						
TOTAL IND.		↓	17	↓		↓
TOTAL DEP.		←	23	←		←
TOTAL CLAIMS			30			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						